

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008519

Entity Name: ELAINE AND PHILIP BLOOM FAMILY SUPPORTING FOUNDATION, INC.**FILED**
Jan 24, 2017
Secretary of State
CC4307794051**Current Principal Place of Business:**4200 BISCAYNE BOULEVARD
MIAMI, FL 33137**Current Mailing Address:**4200 BISCAYNE BOULEVARD
MIAMI, FL 33137**FEI Number: 65-1065543****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LANDE, STEPHEN C
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	LOWY, RONALD S
Address	2480 NE 200TH STREET
City-State-Zip:	MIAMI FL 33180
Title	D
Name	GERSON, GARY
Address	666 71ST STREET
City-State-Zip:	MIAMI BEACH FL 34314
Title	D
Name	SOLOMON, JACOB
Address	4200 BISCAYNE BOULEVARD
City-State-Zip:	MIAMI FL 33137
Title	D
Name	ISRAEL, ANN BLOOM
Address	1484 SW 97TH WAY
City-State-Zip:	DAVIE FL 33324

Title	D
Name	BERGER, HELENE
Address	3 GROVE ISLE DRIVE #801
City-State-Zip:	COCONUT GROVE FL 33133
Title	DS
Name	LANDE, STEPHEN C
Address	4200 BISCAYNE BOULEVARD
City-State-Zip:	MIAMI FL 33137
Title	D
Name	BLOOM, ELAINE
Address	5255 COLLINS AVENUE #3-J
City-State-Zip:	MIAMI BEACH FL 33140
Title	D
Name	BLOOM, DAVID
Address	630 NE 55TH STREET
City-State-Zip:	MIAMI FL 33137

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN C. LANDE**SECRETARY****01/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D
Name	BLOOM, PHILLIP
Address	5255 COLLINS AVE. APT.3J
City-State-Zip:	MIAMI BEACH FL 33140